## MIAMI-DADE COUNTY BLANKET PURCHASE ORDER

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	VENDOR ID: 6507351 SOUTHEAST MARINE &			PRIME VENDOR SE SUBVENDOR GOAL		00%	
	COLONNADE 2333 PONC	E DE LEON E	LVD # R200	PRIME VENDOR CO	MMITMENT:	00%	
	CORAL GABLES	FL 33134					
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	IIP TO: PECIFIED ON INDIVIDUAL	ORDERS		G THIS ORDER TO: DEJENABA	S		
	0700832	12/31/2008	NET3	UNT TERMS	8,	AMOUNT 308.41	
BID N 1B856 ***** ITEM *****	NUMBER 51-2/13 ************************************	*****	**************************************	**************************************	*****		
LIABI	LITY INSURANCE, GENER						
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AUTHORIZED DEPT:			ED DEPTS/U			ALLOCATION: PHONE NUMBER	
CALL	LER ID CALLER	S NAME		DOLLAR LIMIT	PHONE	NUMBER	
**** TERMS	•	NT AN 117 TH	737 19777 7370	\$8,308.41		9944	
	COSTS OF MANDATORY RAINCORPORATED INTO THE PRICE.						

## MIAMI-DADE COUNTY BLANKET PURCHASE ORDER

BPO ID: ABCW0800269

PRINT DATE: 10/15/2009 

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THIS CONTRACT IS SUBJECT TO A USER ACCESS FEE UNDER THE COUNTY USER ACCESS PROGRAM (UAP) IN THE AMOUNT OF TWO PERCENT (2%). THE VENDOR PROVIDING GOODS AND SERVICES UNDER THIS CONTRACT SHALL INVOICE THE CONTRACT PRICE AND SHALL ACCEPT AS PAYMENT THEREOF THE CONTRACT PRICE LESS THE 2% UAP AS FULL AND COMPLETE PAYMENT FOR THE GOODS AND/OR SERVICES SPECIFIED ON THE INVOICE. THE COUNTY SHALL RETAIN THE 2% UAP FOR USE BY THE COUNTY TO HELP DEFRAY THE COST OF THE PROCUREMENT PROGRAM. VENDOR PARTICIPATION IN THIS INVOICE REDUCTION PORTION OF THE UAP IS MANDATORY.

THIS IS A BLANKET PURCHASE ORDER COVERING PERIOD FROM 01/01/2008 TO 12/31/10 DELIVERIES AGAINST THIS PURCHASE ORDER SHALL BE MADE IN QUANTITIES AND TIMES AS REQUESTED BY THE DEPARTMENT DURING SAID PERIOD. INVOICING SHALL BE ON A PER ORDER (DELIVERY) BASIS OR ON A MONTHLY INVOICE BASIS. ALL ITEMS IN ACCORDANCE WITH BID PROVISIONS AND SPECIFICATIONS AND THE VENDOR'S OUOTE OR BID. ESTIMATED OUANTITIES AND/OR DOLLARS ARE FOR RECORD PURPOSES ONLY. NO GUARANTEE IS EXPRESSED OR IMPLIED AS TO QUANTITIES AND/OR DOLLARS THAT WILL ACTUALLY BE PURCHASED. THE VENDOR ACCEPTS ALL RISKS ASSOCIATED WITH USING THIS INFORMATION.

		* *	REPRINT	OF	ORIGINAL	BPO	* *		
AUTHORIZED	SIGNATURE:							DATE:	

\*\*\*\*\*\* LAST PAGE \*\*\*\*\*\*